

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	ent Application of	ATTN: BOX AF						
M. ONO	et al))						
Applicati	on No.: 08/385,206	Group Art Unit: 1302						
Filed: F	ebruary 8, 1995	Examiner: C. Sherrer						
For: HC	OP EXTRACT AND USE THEREOF	UTTAL LETTER						
	RESPONSE TRANSM	HTTAL LETTER						
	Commissioner for Patents ton, D.C. 20231							
Sir:		·						
Encl	losed is a response for the above-identified	patent application.						
[X]	A Petition for Extension of Time is also enclosed.							
[]	Also enclosed is							
[]	verified statement(s) claiming small entity status [] are also enclosed [] were submitted previously.							
[]	A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for a filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).							
[]	The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).							
[X]	No additional claim fee is required.							
[]	An additional claim fee is required, and i	s calculated as shown below:						

Response Transmittal Letter Application Serial No. <u>08/385,206</u> Attorney's Docket No. <u>001560-223</u> Page 2

	AN	MENDED CL	AIMS			
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims		MINUS =		x \$22 =		
Independent Claims	<u></u>	MINUS =		x \$78 =		
If Amendment adds mul	tiple dependent cl	aims, add \$250.00				
Total Amendment Fee						
If small entity status is claimed, subtract 50% of Total Amendment Fee						
TOTAL ADDITIONAL						

] .	A	claim	fee	in	the	amount	of	\$	is	enclosed.
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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS

Donna M. Meuth

Registration No. 36,607

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: October 27, 1995

^[] Charge \$_____ to Deposit Account No. 02-4800.